Correspondence

Meniscal Repair

TO THE EDITOR: The Epitomes, "Important Advances in Orthopedics," in the October 1993 issue, were exceptionally well done and balanced.[1] All the subjects were thoughtfully written with current information for both surgeons and nonsurgeons to better treat and counsel their patients. My congratulations to Dr McMaster, the advisory board, and all of the authors.

The subject of meniscal repair was particularly thought provoking.[2] Dr Colville's meniscal repair section was well organized and an excellent review of our current knowledge of the importance of preserving knee menisci. He reports 70% to 90% healing on second look after meniscal repair.

As a physician who has practiced from the "Total Meniscectomy Years" to the "Meniscal Repair Years," I am somewhat skeptical of dogma. Ciotta has reported on 40- to 60-year-old patients with anterior cruciate ligament injuries treated nonoperatively doing better than patients with reconstructed ligaments.[3] We reported a series of 48 recreational athletes with anterior cruciate ligament injuries treated without reconstruction.[4] With an average of five years' follow-up, only 15 (30%) required arthroscopic meniscectomy. One would expect a larger number of meniscus tears in these patients.[5]

Could some of these patients be healing their meniscal tears without surgical intervention? Do you think a delayed look at three to six months would reveal healing on these patients' meniscal tears?

ALVIN R. LOOSLI, MD
Center for Sports Medicine
St Francis Memorial Hospital
San Francisco, California
Gateway Centre
1850 Mt Diablo Blvd, Ste 110
Walnut Creek, CA 94596

REFERENCES

1. Epitomes—Important Advances in Clinical Medicine—Orthopedics. West J Med 1993; 159:481-486

2. Colville MR: Meniscal repair, *In* Epitomes—Important Advances in Clinical Medicine—Orthopedics. West J Med 1993; 159:482

3. Ciotta MG, Lombardo SJ, Nonweiler B: ACL tears in middle-aged athletes. Physician Sports Med 1993; 21:16

4. Loosli AR, Oshimo T: Conservatively treated anterior cruciate ligament injuries-activities, symptoms and x-ray changes. Abstract, presented at Current Concepts for the Team Physician Course, American Medical Society for Sports Medicine/American Orthopedic Society for Sports Medicine, Phoenix, Ariz, March 1993

5. Bessette G, Hunter R: The anterior cruciate ligament. Orthopedics 1990; 13:551-562

* * *

Dr Colville Responds

TO THE EDITOR: Peripheral tears within the vascular portion of the meniscus may heal without surgical intervention. Current common practice is not to repair peripheral meniscal tears that are stable and less than 1 cm in length. This practice is based on a consensus of opinion rather than scientific information. Larger meniscal tears and tears associated with anterior cruciate ligament injuries appear to be less likely to heal because of the increased stress at the site of injury. Older patients may have a lower incidence of late meniscectomy following anterior cruciate ligament injury. Whether this is due to healing of their meniscal tears or to decreased activity level in this group of older patients is unclear.

MARK R. COLVILLE, MD
Associate Professor
Division of Orthopedics and Rehabilitation
Oregon Health Sciences University
3181 SW Sam Jackson Park Road—OP19
Portland, OR 97201-3098

Verapamil-Induced Hepatotoxicity

TO THE EDITOR: Verapamil hydrochloride, a calcium channel blocker, is widely used to treat hypertension, supraventricular tachycardia, and angina pectoris and is used for the prophylaxis of migraine and cluster headaches. Commonly reported adverse effects of verapamil use include constipation, dizziness, nausea, hypotension, headache, and edema. Verapamil-induced hepatic injury has been reported in six cases since 1981.[1-6] We report the case of another patient in whom symptoms of hepatitis developed with abnormal liver function while on verapamil therapy.

Report of a Case

The patient, a 50-year-old man with a history of chronic cluster headaches, was started on a regimen of verapamil sustained-release tablets, 240 mg a day. As his headaches did not abate after a month, the regimen was changed to immediate-release verapamil, 80 mg three times a day. Four weeks later, he had epigastric fullness and dark urine for one week. There was no change in appetite or stool color. He drank one or two beers every two to three weeks and had not had any for two weeks before his clinic visit. He had no history of hepatitis or injection-drug abuse and had no other risk factors for hepatitis. On examination, his liver was palpable 4 cm below the costal margin with a total span of 12 cm; it was moderately tender. There was questionable mild icterus. The results of the rest of the examination were unremarkable.

Liver function tests showed an alkaline phosphatase level of 533 U per liter (normal 34 to 110), aspartate aminotransferase 209 U per liter (normal 4 to 44), γ-glutamyltransferase 429 U per liter (normal 16 to 74), and total bilirubin 32 μmol per liter (1.9 mg per dl) (normal 5 to 26 μmol per liter). Abdominal ultrasonogram obtained the next day showed normal liver size and texture and biliary tract. Tests for hepatitis B surface antigen and core antibody, hepatitis A antibody, and hepatitis C antibody were negative.

The verapamil therapy was discontinued on the first visit, and a diagnosis of viral- or drug-induced hepatitis was considered before the liver test results were available. A week later, his symptoms were markedly improved, the liver was not palpable, and there was no epigastric or right upper quadrant tenderness. Liver function test results started to improve within a week, and by four weeks the

γ-glutamyltransferase level was 100 U per liter, total bilirubin 14 μmol per liter (0.8 mg per dl), alkaline phosphatase 129 U per liter, and aspartate aminotransferase 22 U per liter. We have not resumed verapamil therapy in this patient as we think that a mixed hepatocellular and cholestatic pattern of liver function abnormality was most probably due to the drug because all the symptoms resolved and abnormal liver function test results promptly returned to normal with its discontinuation.

Discussion

All other cases described in the literature had clinical features similar to those described in this patient: gastrointestinal discomfort, right upper quadrant tenderness, darkening of urine, and hepatomegaly. Abnormal values of liver function tests were mostly of mixed hepatocellular and cholestatic pattern. Two patients had liver biopsies that showed pronounced cholestasis in one[1] and mixed inflammatory cells with eosinophil-predominant infiltrates in portal tracts with moderate cholestasis in the other.[2] Patients' ages ranged from 47 to 61 years with equal sex distribution. Symptoms occurred from two to six weeks after verapamil therapy was started. Three patients were rechallenged (one accidentally), and liver function test results rapidly became abnormal, suggesting a hypersensitivity reaction to the drug.[1,3,4] Symptoms resolved quickly (within two weeks) with the discontinuation of verapamil in all patients. All authors and the manufacturer recommend periodic monitoring of liver function in patients for whom verapamil is prescribed. Whether this is being done in clinical practice and whether it is cost-effective for all patients receiving verapamil are still unanswered questions. Patients started on verapamil therapy should definitely be cautioned about symptoms of hepatitis, and they should be instructed to report these immediately to their primary care physician. Physicians need to be aware of this less-well-known adverse reaction to verapamil.

KUSUM L. KUMAR, MD
Director, Headache Clinic
Veterans Affairs Medical Center
(111-OPC)
8909 SW Barbur Blvd
PO Box 1036
Portland, OR 97207
Assistant Professor of Medicine
Oregon Health Sciences University

COLLEEN A. COLLEY, PharmD
Clinical Pharmacist
Pharmacy Service
Veterans Affairs Medical Center
Portland, Oregon

REFERENCES

1. Burgunder JM, Abernethy DR, Lauterburg BH: Liver injury due to verapamil. Hepatogastroenterol 1988; 35:169-170

2. Guarascio P, D'Amato C, Sette P, Conte A, Visco G: Liver damage from verapamil. Br Med J 1984; 288:362-363

3. Hare DL, Horowitz JD: Verapamil hepatotoxicity: A hypersensitivity reaction. Am Heart J 1986; 111:610-611

4. Brodsky SJ, Cutler SS, Weiner DA, Klein MD: Hepatotoxicity due to treatment with verapamil. Ann Intern Med 1981; 94:490-491

5. Stern EH, Pitchon R, King BD, Wiener I: Possible hepatitis from verapamil (Letter). N Engl J Med 1982; 306:612-613

6. Nash DT, Drumheller TF: Hepatic injury possibly induced by verapamil. JAMA 1983; 249:395-396

Who Says Being a Doctor Is Still Fun?

TO THE EDITOR: "Is Being a Doctor Still Fun?" by Chuck and colleagues in the December 1993 issue[1] was interesting and provocative, especially during these times of uncertainty about the future of medicine—which translates to physicians' practice of medicine. The conclusion by the authors that it is still fun being a doctor seemed reasonable to me, until I looked at the response to one of their questions.

The answer to the statement, "I would encourage my child to pursue a career in medicine," produced a "yes" vote by only 44% of the respondents. If medicine is such a "fun" occupation, why are so few of us encouraging our kids to become physicians and partake of the fun? Is it because we do not want to share the fun with others? Perhaps we do not want the best for our own children. Is it possible that children of physicians are unsuited, either genetically or for some other reason, to practice medicine? There are also other possibilities to explain this type of response; the one that most concerns me, however, is that perhaps we physicians realize that our fates have been sealed and that we would rather have our children enter a nonmedical occupation that is truly more fun than the practice of medicine. If that is so, then this might cast some suspicion on the validity of this study, and the conclusion might be that it is not so much fun to practice medicine. A clarification by the authors could boost my morale, and I, too, could begin to have more fun.

Incidentally, I have teenaged children and would be thrilled to pieces if one of them found that the practice of medicine was in his or her future.

DANIEL A. GROSS, MD
Valley Dermatologic
Medical Group
18364 Clark St
Tarzana, CA 91356

REFERENCE

1. Chuck JM, Nesbitt TS, Kwan J, Kam SM: Is being a doctor still fun? West J Med 1993; 159:665-669

* * *

TO THE EDITOR: The recent survey by Chuck and coworkers was interesting. Harold Osterud, MD, and I attempted a few years ago to pursue this question from a viewpoint that would reveal differences in two large groups of primary care practitioners—pediatricians and internists.[1] We attempted to measure job satisfaction by determining the attrition rate that might be the result of early retirement or career change in the two fields. Because there appeared to be so few pediatricians older than 60 years still practicing pediatrics, this perception seemed to warrant confirmation for physician supply studies and for counseling of medical students.

Our investigation yielded a response rate of 82% in a study group of 181 physicians. The study group was limited to physicians born before 1926. Job satisfaction findings were similar to the figures offered by Chuck and colleagues. More than 70% of pediatricians and internists would encourage a qualified student to pursue the study